UTILITY Attorney Docket No. 240945US0DIV PATENT APPLICATION First Inventor or Application Identifier Yoshinao NAGASHIMA TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) Title AUTONOMIC NERVE REGULATING AGENT KAO Corporation 14-10, Nihonbashi Kayabacho 1-chome, Chuo-ku, Tokyo 103-8279 Assignee Name:

Assignee Address:

	See	APPLICATION ELEMENTS MPEP chapter 600 concerning utility patent application contents	Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313						
1.		Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS						
		(Odbinit an original and a duplicate for fee processing)	7. Assignment Papers (cover sheet & document(s))						
2.		Specification Total Sheets 30	8. Application Data Sheet. See 37 CFR 1.76						
			9. 37 C.F.R. §3.73(b) Statement Power of Attorney						
3.		Drawing(s) (35 U.S.C. 113) Total Sheets 18	10. English Translation Document (if applicable)						
			11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations						
√4.		Oath or Declaration Total Pages 3	12. Preliminary Amendment						
>	a.	☐ Newly executed (original or copy)	13. White Advance Serial No. Postcard						
	b.	Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14. Certified Copy of Priority Document(s) (if foreign priority is claimed)						
		 i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 	15. Applicant claims small entity status. See 37 CFR 1.27						
5.		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. Other: Request for Priority						
6.		Nucleotide and/or Amino Acid Sequence Submission	International Search Report						
	a.	(if applicable, all necessary) Computer Readable Form (CRF)							
	b. Specification or Sequence Listing on :								
		i. CD-ROM or CD-R (2 copies); or							
		ii. ☐ Paper							
	c.	c. Statements verifying identity of above copies							
17.	7. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:								
	☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.: 09/972,887 pending, filed October 10, 2001								
1	Prior application information: Examiner: Russell S. Travers Group Art Unit: 1617								
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
18. Amend the specification by inserting before the first line the sentence:									
■ This application is a ☐ Continuation ■ Division ☐ Continuation-in-part (CIP)									
	of application Serial No. 09/972,887 Filed on October 10, 2001 pending, which is a Continuation of International PCT Application No. PCT/JP01/00928 filed February 9, 2001.								
	This application claims priority of provisional application Serial No.								
		19. CORRESPOND	ENCE ADDRESS						
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Name Name Old 11									
Name: Norman F. Oblon Registration No.: 24,618									
Si	Signature: Date: 8-22-03								

Registration No.: 52,595

Name: Themas W. Barnes, III

Docket No.

240945US0DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Yoshinao NAGASHIMA, et al.

SERIAL NO:

New Application

FILING DATE: Herewith

FOR:

AUTONOMIC NERVE REGULATING AGENT

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS		
TOTAL CLAIMS	5 - 20 =	0	x \$18 =	\$0.00		
INDEPENDENT CLAIMS	4 - 3 =	1	x \$84 =	\$84.00		
☐ MULTIPLE DEPENDEN	MULTIPLE DEPENDENT CLAIMS (If applicable) + \$280					
☐ LATE FILING OF DECL	LATE FILING OF DECLARATION + \$130					
	BASIC FEE					
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- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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